

**ADMINISTRATION OF PSYCHOTROPIC MEDICATION
TO CHILDREN FOR WHOM DCFS IS LEGALLY RESPONSIBLE**

July 5, 2018 – P.T. 2018.11

Section 325.40 Medication Approval Standards

Consent for Administration of Psychotropic Medications to Children Age 5 Years or Under

These procedures clarify the guidelines used to determine consent for the administration of psychotropic medication to children in DCFS custody or guardianship who are age 5 years or younger. All initial requests for a psychotropic medication for a child age 5 years or younger must follow these guidelines no matter the referral source (e.g., medical professional, mental health professional, caseworker, foster parent, school).

a) Background Information

The effect of psychotropic medications on the brain development of young children has not been systematically studied, but current research indicates that exposure in the first 3 years of life can permanently affect distribution of neurotransmitter receptors. Specific concerns have been raised about the number and dosages of psychotropic medications prescribed to foster children, and the ages of the children receiving these medications. Given the limited knowledge about the impact of psychotropic medication on developing brains of young children, the fact that young children are more sensitive to side effects than older, larger children, and that foster children are prescribed more of this medication overall, additional guidelines have been developed for prescribing psychotropic medication to young children.

Except in rare instances, psychotherapy will be the first line of treatment. Children will be referred to one of the DCFS Division of Clinical Practice and Development's Psychology and Psychiatry Program Continuity of Care Centers (CCC) in the Cook and Central Regions. The CCCs provide outpatient psychiatric and therapeutic services for youth having mental health problems that are causing significant distress or functional impairment in their family, school or other environment. Children in the DCFS Northern, Central and Southern Regions will be referred to a comparable level therapist as determined by the Counseling Credentialing Criteria if a CCC is not available in their area.

b) Comprehensive Diagnostic Assessment Required Prior to Consent for Medication

1) Comprehensive Diagnostic Assessment

- A) All requests involving children 0 – 3 years of age require a Comprehensive Diagnostic Assessment, which will include an assessment of the caregiver-child interaction and relationship, and parent-child therapy. The therapist and caregiver, in consultation with the prescriber, will determine if there is a need for a medication evaluation during the course of therapy.

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- B) All non-urgent requests involving children 4 or 5 years of age require a Comprehensive Diagnostic Assessment, which will include an assessment of the caregiver-child interaction and relationship, and therapy. The therapist and caregiver, in consultation with the prescriber, will determine if there is a need for a medication evaluation during the course of therapy.
- C) **The exception:** Neither a Comprehensive Diagnostic Assessment nor therapy is required for sleep medications: Melatonin, Benadryl, and Clonidine. Benadryl and Clonidine require consent and monitoring.

All children age 5 years or under for whom psychotropic medication is being requested will receive a Comprehensive Diagnostic Assessment. The goal of this assessment is to ensure that young children referred for psychotropic medication are assessed for medication need and receive appropriate therapy services, which include the caregiver(s) when deemed appropriate. This Comprehensive Diagnostic Assessment is in addition to the mental health evaluation required by **Rule 325**. When necessary, referrals shall also be made for Occupational Therapy and/or additional evaluations.

The child's Permanency Worker shall make a referral to the DCFS Psychology and Psychiatry Program using the **CFS 431-2, Outpatient Psychiatry Request Form**. The completed form shall be submitted to the "DCFS.PsychiatricReferral" eMailbox on DCFS Outlook.

- 2) If the medication need is urgent for a 4 or 5 year old, a licensed prescriber may prescribe a psychotropic medication as a one-time 30 day non-emergency medication as defined in **Rule 325.20, Definitions**. This is time limited consent for 4 or 5 year olds and they will concurrently go through the referral process for a Comprehensive Diagnostic Assessment. The licensed prescriber must fax a **CFS 431-A, Psychotropic Medication Request Form** and **CFS 431-A Cover, Psychotropic Medication Request Fax Cover Sheet** to the DCFS Consent Unit (instructions are on the **CFS 431-A Cover**) notifying the Office of the DCFS Guardian of the use of the prescribed one-time 30 day non-emergency medication.

As soon as possible, but no later than 24 hours after being informed that a child age 5 years or younger has been prescribed a one-time 30 day non-emergency medication, the child's Permanency Worker shall make a referral for a Comprehensive Diagnostic Assessment and therapy to the DCFS Psychology and Psychiatry Program via Outlook email at "DCFS.PsychiatricReferral".

Youth that come into care on medication will follow this procedure for urgent medication.

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Examples of an urgent medication need include, but are not limited to:

- Child is extremely hyperactive, impulsive, inattentive, irritable, sad, aggressive, agitated, and/or explosive; or
 - Child has chronic sleep problems that are disrupting the sleep of his/her entire family or are interfering with the child’s daily functioning; or
 - Child’s home and/or school placement might disrupt due to significant behavior problems.
- 3) The DCFS Psychology Consultant will review all referrals made to the “DCFS.PsychiatricReferral” eMailbox and contact the Permanency Worker to complete the consultation within three business days. When the DCFS Psychology Consultant accepts a case for services/monitoring, the Permanency Worker will be instructed to submit the following documents to the identified agency or office:
- **CFS 431-2, Outpatient Psychiatry Request Form, Approved;**
 - **CFS 431-1, Consent of Guardian to Mental Health Treatment;**
 - **CFS 600-3, Consent for Release of Information;**
 - Integrated Assessment – updated within 30 days;
 - Report of most recent physical exam and name of Primary Care Physician;
 - eHealth Passport; and
 - If available:
 - Treatment summaries – updated within 90 days;
 - Psychiatric hospital discharge reports – last 2 years;
 - SASS assessments – last 2 years;
 - Psychological assessments – all available; and
 - School Individual Education Plan (IEP).

The DCFS Psychology Consultant will refer the child to one of the CCC’s in the Cook or Central Regions. Children in the Northern, Central and Southern Regions will be referred to a comparable level therapist if a CCC is not available in their area. If there is not an appropriate therapist able to see the child within 10 business days, there will be an individual consultation with the Treatment Oversight Team to determine the need to either allow the wait time or to provide a prescription for a one-time 30 day non-emergency medication.

The CCC Therapist will complete the **CFS 417-D, Comprehensive Diagnostic Assessment** form, fax the completed form to the requesting prescriber or primary care physician, and submit the form, via DCFS Outlook email, to the Permanency Worker and the “DCFS.PsychiatricReferral” eMailbox. If the Therapist does not

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have access to DCFS Outlook email, the documents shall be sent via secured email to DCFS.Psychiatric.Referral@illinois.gov using the **Illinois.Gov File Transfer System**.

Note: To send via secured email, use the “Illinois.Gov File Transfer System” at: <https://filet.illinois.gov/filet/PIMupload.asp>. Files attached to email sent from this site will be encrypted. The sender and recipients will receive a key (via email) to open the encrypted files. Directions for use of secure email and file upload are on the website.

The Comprehensive Diagnostic Assessment covers the following areas:

- the child’s presenting problem(s);
 - current medical concerns;
 - important background information;
 - summary of past evaluations, if any;
 - summary of past or current treatments, if any;
 - developmental assessment (e.g., physical, self-help or daily living skills, emotional/temperament, social, fine and gross motor, cognitive, communication or language, sensory regulation and processing);
 - mental health assessment; and
 - referral to therapy, including name and contact information for therapy provider (if the child is already in therapy, include name and contact information for current provider).
- 4) If the child continues to experience or exhibit significant symptoms after three months of therapy, or if it is determined by the therapist and caregiver in consultation with the prescriber that medication may be needed prior to the completion of three months of therapy, the therapist will complete the **CFS 417-E, Request for Psychiatric Evaluation Following Therapy** indicating the summary of treatment and concerning symptoms and behaviors. The **CFS 417-E** is hand delivered, faxed, or sent via secure email (using the Illinois.Gov File Transfer System) to the licensed prescriber for the child to have a psychiatric evaluation for medication.

Note: To send via secured email, use the “Illinois.Gov File Transfer System” at: <https://filet.illinois.gov/filet/PIMupload.asp>. Files attached to email sent from this site will be encrypted. The sender and recipients will receive a key (via email) to open the encrypted files. Directions for use of secure email and file upload are on the website.

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- 5) **The licensed prescriber must obtain written consent of the DCFS Guardian prior to administration of the psychotropic medication to the child.**

The Consent Unit shall deny a **CFS 431-A, Psychotropic Medication Request Form** for administration of medication to a child age 5 years or younger that is not accompanied by a **CFS 417-E**.

If the licensed prescriber deems medication is warranted, the **CFS 417-E, Request for Psychiatric Evaluation Following Therapy** together with the **CFS 417-D, Comprehensive Diagnostic Assessment, CFS 431-A, Psychotropic Medication Request Form** and **CFS 431-A Cover, Psychotropic Medication Request Fax Cover Sheet** shall be faxed to the DCFS Consent Unit.

An Authorized Agent at the Consent Unit (or, if after hours, the Child Intake and Recover Unit) will fax the licensed prescriber and email the “DCFS.PsychiatricReferral” eMailbox a **CFS 431-B, Psychotropic Medication Consent Form** indicating whether the medication request is approved or denied. The assigned Permanency Worker and Permanency Supervisor will receive the **CFS 431-B** via email with within 24 business hours after the Consent Unit authorizes administration of a psychotropic medication to a child on their caseload.

- 6) The Psychology and Psychiatry Program will track the course of treatment for all children 5 years of age or younger who are referred for administration of a psychotropic medication.
- 7) The DCFS Psychology and Psychiatry Program shall provide a quarterly report to the DCFS Guardian, Consent Unit and the Clinical Services and Psychopharmacology Program, that tracks the results of all children 5 years of age or younger who are referred for treatment.

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X, Z and L

POLICY GUIDE 2012.04

**ADMINISTRATION OF PSYCHOTROPIC MEDICATION
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DATE: February 24, 2012

TO: Rules and Procedures Bookholders and DCFS and Private Agency Child Protection, Child Welfare and Licensing Staff

FROM: Richard H. Calica, Acting Director 

EFFECTIVE: Immediately

I. PURPOSE

This Policy Guide informs DCFS and POS investigation, casework, licensing, and administrative case review staff of their responsibilities under Rules 325, Administration of Psychotropic Medication to Children for Whom DCFS is Legally Responsible. These rules implement the Administration of Psychotropic Medications to Children Act [20 ILCS 535].

II. DEFINITIONS

“Authorized Agent”, for purposes of this Policy Guide, means designated staff of the Department’s Consent Unit and Emergency Reception Center (ERC).

"Emergency Medication" means psychotropic medication given to a child in accordance with the Consent by Minors to Medical Procedures Act [410 ILCS 210] when circumstances exist in which a child for whom the Department is legally responsible poses a threat of imminent serious harm to self or others.

“Licensed Prescriber”, means a physician, a physician assistant licensed in accordance with the Physician Assistant Practice Act of 1997, or an advanced practice nurse in accordance with a written collaborative agreement required under the Nurse Practice Act.

“Medication Monitoring” means the use of clinical observation, physical examination, and laboratory testing to monitor a youth’s response to one or more prescribed psychotropic medications to determine if a psychotropic medication is safe, effective and being prescribed at the optimal dose using approved best practice monitoring methods.



“One-time, Non-emergency Medication” means the one-time administration of a psychotropic medication prescribed by a licensed prescriber to a child for whom the Department is legally responsible for the acute management of symptoms of insomnia or other troublesome symptoms that may adversely affect a child or adolescent’s sense of well being following an evaluation conducted by a qualified health professional.

“PRN (*Pro re nata*) Medication” means standing medication orders to administer a psychotropic medication for the emergency management of aggression, psychotic agitation, insomnia, and other troublesome symptoms without a physician assessment or specific approval according to parameters set by the licensed prescriber.

“Psychotropic Medication” means any medication capable of affecting the mind, emotions, and behavior. This includes medications whose *use for antipsychotic, antidepressant, antimanic, antianxiety, behavioral modification or behavioral management purposes is listed in AMA Drug Evaluations, latest edition, or Physician’s Desk Reference, latest edition or which are administered for any of these purposes.* [405 ILCS 5/1-121.1] For the purpose of this definition, medications used to induce or sustain sleep, to treat symptoms of aggression, enuresis and psychotropic medication-induced adverse effects are also included.

III. SUMMARY OF REQUIREMENTS

a. Consent to Administration of Psychotropic Medications

1. **Children and Youth Under Age 18.** Designated Authorized Agents of the Centralized Consent Unit and Emergency Reception Center (ERC) are the only Department staff that may consent to administration of psychotropic medications for children and youth under 18 years of age for whom the Department is legally responsible.

Licensed prescribers of psychotropic medications are required to use the **CFS 431-A, Psychotropic Medication Request Form** and **CFS 431-A Cover, Psychotropic Medication Request Fax Cover Sheet** to request consent to prescribe psychotropic medications to children and youth in DCFS custody or guardianship. The **CFS 431-A** and **CFS 431-A Cover** must be faxed to the DCFS Consent Unit Monday through Friday from 8:30 a.m. to 4:30 p.m., or to the ERC after-hours on weekdays, and on weekends and holidays.

Consent Unit Fax: 312-814-7015
ERC Fax: 773-538-8835

The **CFS 431-A** and **CFS 431-A Cover** are available on the DCFS Website (www.state.il.us/dcf).

The caseworker will receive an e-mail when a request for a psychotropic medication has been processed for a child on the caseworker's caseload within the previous 24-hour period. The Authorized Agent will fax a signed copy of the **CFS 431-B, Psychotropic Medication Consent Form** to the caseworker indicating whether consent was granted or denied.

2. **Youth 18 Years of Age and Older.** As a general rule, youth ages 18 and older have the legal authority to consent to their own medication requests. The youth will be given and will be responsible for his/her own medication.

The caseworker will ask a youth age 18 or older to authorize the DCFS Psychiatric Consultant (UIC) to access their information from the doctor/licensed prescriber recommending the psychotropic medication (via the **CFS 600-3, Consent for Release of Information**). The UIC Consultant will assess the appropriateness of the medication request; **however, consent can only be given by the youth age 18 or older.**

A youth age 18 or older has the right to refuse to sign the **CFS 600-3**. If that happens, the caseworker shall document the reason for refusal on the **CFS 600-3**. The caseworker shall submit the **CFS 600-3** with the **CFS 431-A** to UIC.

The caseworker shall fax the **CFS 600-3** to UIC at **312-355-4459** and then place it in the case record.

The caseworker shall list the prescribed medication in the SACWIS Person Management Health Summary, and indicate that the youth consented to that medication.

If a youth age 18 or older does not have the capacity to consent to administration of psychotropic medication, a court order must be obtained to allow the DCFS Guardian/Authorized Agent to consent on the youth's behalf. The caseworker shall contact the DCFS Regional Counsel for assistance in obtaining a court order for this purpose.

3. **Youth's Right to Refuse Medication**

- A. **Emancipated Youth.** Youth who have reached the age of 18 or who have been declared emancipated for the purposes of consent to medical treatment by any court have the qualified right to refuse psychotropic medication as provided for adults in the Illinois Mental Health and Developmental Disabilities Code [405 ILCS 5/2-107 and 2-107.1].

B. Youth in DOC/JJ Facilities. Involuntary administration of psychotropic medications to youth who have been committed to facilities operated by the Department of Corrections or Juvenile Justice is governed by the rules of the respective Departments, the Unified Code of Corrections, and corrections case law for purposes of the administration of psychotropic medications. **However, with very few exceptions, for youth under 18 years of age for whom the DCFS is legally responsible, consent of the DCFS Guardian must be obtained prior to administration of a psychotropic medication.** (See 20 Ill. Adm. Code 415.70, Involuntary Administration of Psychotropic Medication)

4. One-time, non-emergency medications. One-time, non-emergency medications may be used for the acute management of sleep disturbances or to treat other non-emergent emotional, behavioral, or psychiatric symptoms that adversely affect a patient's well being. Licensed prescribers are required to notify the Consent Unit, in writing, of the administration of a one-time, non-emergency medication to a child/youth in DCFS custody or guardianship.

5. Standing medication (PRN) orders for administration of psychotropic medication to DCFS wards are prohibited.

6. Emergency medication. A hospital or licensed prescriber may administer an emergency medication to a child/youth under 18 years of age, without prior consent of the parent or legal guardian, in accordance with the Consent by Minors to Medical Procedures Act [410 ILCS 210]. The hospital/licensed prescriber is required to notify the Consent Unit, in writing, of the administration of emergency medication to a child/youth in DCFS custody or guardianship.

b. Responsibilities of Investigation Specialists and Caseworkers. Investigation specialists and caseworkers are required to obtain and document information about potential medical and mental health issues, medical equipment and prescribed and over the counter medications for children and youth entering substitute care.

Upon taking protective custody, the Department's investigation specialists shall identify potential medical and mental health issues through contact with the child's parents, relatives, schools, current and/or previous physicians, and observation of the child's behaviors. The investigation specialist shall attempt to obtain information on all medications and/or medical equipment needed by the child. If the child is taking a psychotropic medication, when possible, the investigation specialist shall ensure appropriate consent was provided from the parent or legal guardian. The investigation specialist shall share this information with the assigned caseworker.

The caseworker shall ask parents, relatives and foster parents if the child is on any medications and whether the child has any known or suspected medical or mental health issues (or confirm that information in the SACWIS Person Management Health Summary is correct and complete). The caseworker shall obtain identified mental health documents (or confirm that this information is in the child's case record) and ensure that all medications and/or medical equipment needed by the child have been obtained. If the child is on psychotropic medication, the caseworker shall ensure appropriate consent is provided from the parent or legal guardian to continue administration of that medication.

For intact family cases, the intact specialist shall ensure that appropriate consent was given by the parent or legal guardian for each psychotropic medication being administered to the child, and shall document this information in the child's record.

For children in substitute care, the caseworker shall:

- ensure that a signed **CFS 431-B, Psychotropic Medication Consent Form** is in the child's record for each psychotropic medication being administered to the child;
- list this medication in the SACWIS Person Management Health Summary (be sure to indicate that consent was obtained);
- give a copy of the signed **CFS 431-B** to the child's current caregiver;
- attach a **CFS 600-3** to the SACWIS Family Service Plan for a youth age 18 and older to sign at the Administrative Case Review authorizing UIC to continue to obtain information regarding prescribed psychotropic medication; and
- attach a copy of the signed **CFS 431-B** as an exhibit to the Service Plan for each psychotropic medication currently being administered to the child.

Information Provided to Child/Youth. The caseworker shall ensure that the child/youth is advised of the purposes and effects of the medication and of the potential side effects.

Monitoring Psychotropic Medications. At least every 90 days, the licensed prescriber must assess and document the status of the child/youth for any adverse reactions, and at least annually, assess and document the continued need for the medication. The caseworker shall document these assessments in the child's case record.

Prohibited Use of Psychotropic Medications. The caseworker shall ensure that psychotropic medication is not administered to any child or youth as punishment for disruptive or inappropriate behavior, for the convenience of staff members or caregivers, or as a substitute for adequate ongoing programming for the child's needs.

Standing Medication (PRN) Orders for Administration of Psychotropic Medication to DCFS Wards are Prohibited. The caseworker shall ensure that PRN orders are not prescribed for any child or youth in his/her caseload for administration of psychotropic medication for any purpose.

- c. **Responsibilities of Administrative Case Reviewers.** At six month case reviews, Administrative Case Reviewers shall ask whether a child/youth is taking one or more psychotropic medications, ensure that appropriate consents for the psychotropic medications were obtained, and report deviations in practice to the DCFS Guardian and appropriate management staff.

The Administrative Case Reviewer shall ensure that a signed **CFS 431-B, Psychotropic Medication Consent Form** is attached as an exhibit to each child's SACWIS Family Service Plan for each psychotropic medication currently being administered to the child/youth. For youth age 18 and older, the reviewer shall ensure that a **CFS 600-3** is attached to the Service Plan and that the youth is asked to consent to allow UIC to continue obtaining information from the prescribing physician regarding psychotropic medication the youth is taking.

During the Administrative Case Review process the reviewer shall inquire into the following:

1. Whether the child/youth has any mental health issues and, if so, whether those issues are being addressed;
2. Whether the child/youth is on psychotropic medications;
3. Verification that appropriate consents and other documentation are present in the child/youth's case record;
4. Verification that psychotropic medications are being monitored according to accepted standards of care;
5. Identification of the licensed prescriber; and
6. Whether a referral has been or should be made to a DCFS Regional Nurse.

If the reviewer finds any deviation from the requirements of the six areas listed above, the reviewer shall issue an ACR Critical or Chronic Alert Report to the DCFS Guardian and other appropriate Department management staff.

- d. **Responsibilities of Licensed Residential Facilities.** Group homes, child care institutions, maternity centers, youth transitional living programs, and secure child care facilities licensed by DCFS and institutions and group homes licensed by the Illinois Department of Public Health that provide full-time treatment and/or care for children shall have a written policy, approved by each facility's on-call physician and governing body, for the safe and accurate administration of medications to all children and youth in the facility.

Facilities that provide care to children/youth for whom the Department is legally responsible shall submit a **CFS 431-A, Psychotropic Medication Request Form** and **CFS 431-A Cover, Psychotropic Medication Request Fax Cover Sheet** when requesting consent from an Authorized Agent for the administration of psychotropic medications. When consent is granted, the Authorized Agent shall ensure that a signed copy of the **CFS 431-B, Psychotropic Medication Consent Form** is provided to the child/youth's caseworker and the facility that submitted the request. The facility shall place the signed copy of the **CFS 431-B** in the child/youth's case record.

Prior consent from an Authorized Agent is not required when administering an emergency medication as defined in this Policy Guide, or for the administration of a one-time non-emergency medication. Either a registered nurse (RN) or a physician who has examined the child/youth shall complete a **CFS 431-A** and **CFS 431-A Cover** to report the use of a psychotropic medication due to an emergency or a one-time non-emergency situation. The RN or physician shall also briefly explain on this form the nature and circumstances for the administration of the emergency medication or for the administration of a one-time non-emergency medication. A copy of the **CFS 431-A** and **CFS 431-A Cover** shall be placed in the child/youth's case record. The Authorized Agent shall ensure that a signed copy of the **CFS 431-B, Psychotropic Medication Consent Form** is provided to the child/youth's caseworker and the facility that submitted the request.

Emergency or one-time non-emergency medications may only be administered on a one-time basis. Each administration of an emergency or one-time non-emergency medication requires submission of a CFS 431-A and CFS 431-A Cover notifying the Department of the use of the one-time emergency or non-emergency medication.

Standing medication (PRN) orders for administration of psychotropic medication to DCFS wards are prohibited.

Required Monthly Review of Psychotropic Medications. The medical director of each facility, or a designee who has been licensed in accordance with the provisions of the Nurse Practice Act [225 ILCS 65], shall conduct a monthly review of all psychotropic medications and record that review in writing. During this monthly review, the medical director or designee shall conduct an inventory of all psychotropic medications and shall verify that:

- Psychotropic medications are labeled with the child/youth's name, directions for administering the medication, the date and licensed prescriber's name, prescription number, and drug store or pharmacy name;
- All medications are stored in a locked cabinet or within a locked refrigerator, if required for proper storage;
- All controlled substances are accounted for, or, if any amount of a controlled substance is missing, an incident report has been filed with the Director of the facility;
- Psychotropic medications are dispensed in accordance with the requirements of the prescription;
- Written consents for administration of psychotropic medications have been received from the parent or guardian, as appropriate; and
- Any medications for children who have left the facility or who have been on runaway status 14 days or longer have been properly disposed.

The staff of the facility shall monitor a child/youth's response to medications according to the *Guidelines for the Utilization of Psychotropic Medications for Children in Foster Care* and the *DCFS Psychotropic Medications List* to determine if the psychotropic medications being administered are safe and effective based on criteria identified in the treatment plan and are being prescribed at the appropriate dosage.

e. **Responsibilities of Temporary Living (TLP) and Independent Living (ILO) Programs.** TLP and ILO programs shall have a written policy, approved by each program's on-call physician and governing body, for the safe and accurate administration of medications to all youth in the program.

1. **TLP.** If a youth entering TLP is unable to self-administer his/her medications, the program staff shall determine whether it is appropriate to support and train the youth to do so, or to deny placement.
2. **ILO.** An ILO shall deny admissions for any youth who is unable to self-administer his/her medications.

Each youth age 18 and over entering a TLP or ILO living arrangement shall be asked to sign a consent authorizing program staff to obtain information from the youth's medical and psychiatric providers. If a youth refuses or is reluctant to sign a consent, the caseworker shall be contacted. The caseworker shall explain to the youth that program staff need this information to help the youth learn to meet his/her medical and

mental health needs and provide appropriate consultation review of prescribed psychotropic medication. If a youth over age 18 still refuses to sign a consent, the caseworker shall note this refusal in the youth's service plan.

f. Division of Guardian and Advocacy Responsibility to Address Violations of Consent Requirements by Licensed Residential Facilities

The DCFS Division of Guardian and Advocacy shall take the following steps when residential facility (see (d), above) or hospital staff fail to obtain consent prior to administering a psychotropic medication to a child or youth in DCFS custody or guardianship:

- 1. Notice of a Violation.** For each psychotropic medication that was started without consent, an Authorized Agent at the Consent Unit shall note on the **CFS 431-B, Psychotropic Medication Consent Form** that it is a violation of Rules 325 to prescribe a psychotropic medication to a foster child without the consent of the Guardian.

- 2. Facilities Licensed by DCFS.**
 - A.** The Division of Guardian and Advocacy shall send a **first warning letter** to the Executive Director for a facility when that facility has received ten **CFS 431-B** forms advising of violations. The letter shall state that any further violations **may result in a licensing complaint** being filed with the Department's Division of Monitoring. The Guardian or designee shall attach a list with the name of each child or youth for which the facility either started or increased a psychotropic medication without consent of the Guardian. A copy of the letter shall be sent to the Chairman of the Board of Directors for the facility.

 - B.** The Division of Guardian and Advocacy shall send a **second warning letter** to the Executive Director for a facility that has received an additional ten **CFS 431-B** forms advising of violations (i.e., a total of 20). The letter shall state that any further violations **shall result in a licensing complaint** being filed with the Department's Division of Monitoring. The Guardian, or designee, shall attach a list with the name of each child or youth for which the facility either started or increased a psychotropic medication without consent of the Guardian. A copy of the letter shall be sent to the Chairman of the Board of Directors for the facility.

 - C.** The Division of Guardian and Advocacy shall send a **Violation Notification Letter** to the Executive Director for a facility that has received an additional such notification (i.e., a total of 21 or

more). The Guardian, or designee, shall attach a list with the name of each child or youth for which the facility either started or increased a psychotropic medication without consent of the Guardian. The letter shall inform the Executive Director that the DCFS Guardian **is lodging a licensing complaint** with the Department's Division of Monitoring. The Guardian shall notify the Deputy Director for the Division of Monitoring that the facility has repeatedly violated the consent requirement of Rules 325. A copy of the letter shall be sent to the Chairman of the Board of Directors for the facility.

3. Licensed Prescribers, DOC/JJ Facilities, Residential Treatment Facilities and Hospitals

The Division of Guardian and Advocacy has implemented protocols similar to subsections (1) and (2), above, to respond to violations by licensed prescribers, DOC/JJ facilities, residential treatment facilities not licensed by DCFS and hospitals.

g. Responsibility of DCFS Agency and Institutions Licensing Staff (For Facilities Licensed by DCFS Only)

Department Agency and Institutions licensing staff shall conduct unannounced on-site reviews at least annually to ensure that the **CFS 431-A, Psychotropic Medication Approval Forms** reflect the actual practice in the facility and that the facility is in compliance with Rules 325. Such reviews shall include a review of medication logs and an investigation into whether signed **CFS 431-A, CFS 431-A Cover** and **CFS 431-B** forms are present in the case records of children/youth in DCFS custody or guardianship who are administered one or more psychotropic medications, whether for emergency administration, one-time non-emergency administration or for routine use, and whether the **CFS 431-A** forms accurately reflect those children/youth who have objected to the administration of medication.

The licensing staff shall document any violations of Rules 325 and this Policy Guide and address those violations with the licensee as required in Procedures 383, Licensing Enforcement.

h. Information on DCFS Website. The *Guidelines for the Utilization of Psychotropic Medications for Children in Foster Care* and *DCFS Psychotropic Medications List* are posted on the DCFS website.

IV. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP – Mailbox. Non Outlook users may e-mail questions to cfpolicy@idcfs.state.il.us.

V. FILING INSTRUCTIONS

Remove Procedures 325.40 and 325.60, located immediately after Rules 325, and replace with this Policy Guide.

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